

**PROOF OF SERVICE**

I declare that I am a resident of or employed in the County of \_\_\_\_\_,  
State of \_\_\_\_\_. I am over the age of 18 years and not a party to the within entitled  
cause. The name and address of my residence or business is \_\_\_\_\_  
\_\_\_\_\_.

On \_\_\_\_\_, I served the \_\_\_\_\_  
(Date) (describe document(s))

\_\_\_\_\_ on the parties listed below (include name, address and, where applicable, fax number) by (check  
the applicable method or methods):

\_\_\_ placing a true copy thereof enclosed in a sealed envelope for collection and delivery  
by the United States Postal Service or private delivery service following ordinary business  
practices with postage or other costs prepaid;

\_\_\_ personal delivery;

\_\_\_ facsimile transmission in accordance with the requirements of PERB Regulations  
32090 and 32135(d).

I declare under penalty of perjury that the foregoing is true and correct and that this  
declaration was executed on \_\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Signature)